

FE Opened the meeting and took attendance at 1050

In attendance was:

F.E. Shaheen, III

Dudley Wait

Dave Taylor

Peter Hicks

Thelma Lemley

Bill Aston

Wanda Helgesen

John Rinard

Donna Russell

Maxie Bishop

Dudley reviewed the charges very briefly and then the floor was turned over to John Rinard who discussed the Survey, its results and points he had noticed through his personal analysis.

Bill Aston asked about the ability people had to “stack” the results and John stated he felt there were no real trends he has been able to see that showed that had been done. There were some consistencies throughout the survey that he felt would have probably skewed one direction or another if someone had attempted to “stack” the results.

John stated what he saw as he went through it was every question had a 10 to 15% failure to answer rate. Also, the response from respondents was dismal. 1127 out of over 50,000 EMS certified personnel...not to mention the Trauma/Hospital personnel.

Some demographics from the survey:

- 36-45 years old was largest age group that responded.
- 2:1 male to female ratio for respondents.
- 55% were paramedics; next largest was RN's at 20%.
- 41% of the respondents have OVER 15 years experience
- 41% of the respondents stated they were “Certificants” for job responsibility
- 78% are full paid
- 51.5% urban; 44 Rural and 4% Frontier (no definitions were provided so answered per respondents definition)
- PHR 2/3 had the largest response followed by Houston and San Antonio

Discussion was had on several of these demographic results. One of the primary points of discussion was a trend recognized by many that possibly we just have NO METHOD of contacting everyone in the state who are certified or work in EMS/Trauma Systems. We had some really good debate here about how do we get the message out or do we just worry about those who we can contact

because others DON'T want to be contacted??? In this was also talked about many certified personnel who have no real interest in EMS outside of their employer. Their employer takes care of them, "owns their certification" and makes sure they are notified of what they need to know to stay in line with the rules. We also discussed some ideas about how to find a way to contact everyone...statewide. One topic that was discussed was what other agencies in the state do and we had good discussion about the merits of a "newsletter" that would go to all personnel versus a magazine that has to be subscribed to.

On the longevity piece, we discussed if the seniority of this answer was a sign of the baby boomer hump passing through our industry, the fact that lower seniority people are more apt to just care about themselves and their agency, or a combination of the two.

Moving on:

Question 10: 68% said they had an average experience working in current system

Question 11: 64.8% said it was an appropriate level of regulation

Then in the Question 12 Matrix, only one area had a majority score below par and that was "Responsiveness of current system to concerns/issues/problems across Texas". Discussion was had that when looking at the comments entered, this probably pointed to the fact that people were comfortable with the current system, it was not over or under regulating people...but the slowness and fragmentation of the current system seemed to make it unresponsive.

Question 13 asked for the type of regulatory system the respondent felt was needed. This was a comment answer. John had looked through the responses and of those who answered about 25% had no opinion, N/A, etc. Those who were left broke down along the following rough percentages:

23% for current system or keep with modification

31% said go back to old system (BEM system)

27% expressly indicated the need for a Commission

In addition, 11 more respondents said go to stand alone regulatory process or a Board of some kind (not using the word Commission). There were also some scattered comments about a Board similar to BNE.

There was 1 specifically who said no commission.

John then pointed out some of the responses to this question he found most intriguing or enlightening:

- RESPONSE 76: talks about a need for a source of regulation and a source or assistance to comply with those regulations
- RESPONSE 183: Separate systems for EMS and TRAUMA
- RESPONSE 204: assistance driven; not enforcement driven
- RESPOSNE 211: System not as important as the people who administer it

- RESPONSE 293: Need a spokesperson for the industry as well as a regulatory agency

At this, discussion ensued about the overall need for this and the presence or lack of presence of a champion for EMS issues, especially at the state level. If this was appropriate in a regulatory agency and where/what this could come from.

In addition there were some comments about scope of practice, issues about customer service and the need for more technical assistance

There were also comments about RAC's and EMS agencies not working together

Question 14: 44% disagree they have adequate representation in EMS matters, and some comments were made about exactly what this meant and the lack of a strong EMS advocacy group that represented EMS as a whole...and then the difficulty of actually representing EMS as a whole due to the extremely diverse nature of EMS across the state.

Question 15 was VERY surprising but nice to see: Almost 90% of respondents have some college (from 1-2 years) through Masters degrees and physicians.

Question 16: additional comments:

Lots of comments on NR and certifications

Lots of comments on funding;

Some about structure of regulation; want commission, go back to old, etc

Long discussions ensued about the survey and how to use it:

2 points that had come up in our review that we needed to visit before closing out our work:

1. We need to find a way to communicate with everybody
2. We need to examine the EMS Champion/PIO/Voice and where that should fall for our industry in this state.

John then sketched out a flow chart (Road Map) on a process for proceeding from these results to answering our remaining two charges.

1. Need to determine emphasis of the over-seeing body for EMS in Texas: Will it be Regulatory or Technical Assistance (either or both?)
2. Then we need to understand priorities: What will this over-seeing body do, be responsible for, accomplish, etc. (Licensing, background checks, etc...what are the need to do...and the want to do....)
3. Once we have these priorities, then we need to look at 3 structures from surveys: Commission, Bureau, DSHS...hybrids of these and others.....
4. THEN we will be able to begin studying the pros and cons to each of these....

5. Lastly, we will need to go back to the priorities....there are some things that we can and can't do with the recommendations and our proposed responses to our charges. If that is the case what gets farmed out that this structure can't do and where should these farmed out tasks land.

At this point, before we got started on this "road map" that John had laid out, a long DISCUSSION started about should EMS and Trauma go forward together, separate or by some hybrid in a regulatory structure. This was discussed from all angles and all sides were very vocal. One thing that we was unanimous across the room was that RAC's, etc should still be promoted and EMS agencies should be required to participate and incentives should be built in that required it. That the future of not only trauma but other acute care systems was beginning to look like it was going to enter the RAC format and EMS should not move away from this no matter what shape the EMS regulatory structure was recommended to take. This discussion was tabled after 45 minutes so that we could start progressing down the road map to answering the remaining two charges.

#### #1: Regulatory vs. Technical Assistance:

REGULATORY: Writing regulations, statutes, working on legislation, etc WITH the tie-in of providing the education that helps people meet the standards (Very minor TA because can't pass rules and regs without at least explanation and help in compliance)

TECHNICAL ASSISTANCE: System Development: Providing systems classes, LPG's, mobile training unit, etc to go provide full Technical Assistance

After discussion, it was decided that Regulatory is Mandatory (Need) and that technical assistance (above the minimums necessary for any regulatory body) is a want to have in our current state environment. Discussion was also had about the potential to have technical assistance provided by other agencies, organizations, stakeholders.

#### #2 Priorities: What is it going to regulate: Need to do:

- Health and Safety Code Regulations
- Legislation (rule writing, promoting legislation for improving industry, etc)
- Statewide and Regional pieces
  - Direct Authority from Regional personnel through State EMS head authority
  - Unified structure all answering to one lead person
- Customer Service/PR User friendly
- Consistent Tech Assistance with regulation compliance
- Representative of Stakeholders (all EMS functions, types, etc)
- Enforcement

- Communication/Information Outlet: Regs, news, trends, etc

Nice for it to do:

- Advocates
- Information Outlet
- Education
- Data Collection and Research
- Funding outlet
- Liason with federal monies

#3 Then we moved to step 3, and discussed appropriate structures based upon the survey results. We listed 3 basic structures and defined exactly what these “terms” meant based upon the historical knowledge and experience of those in attendance:

1. Commission: A regulatory structure that is free-standing and independent. It does not answer to any other state agency.
2. Bureau: A unified, one-stop shop that exists within a state agency. This is like the old Bureau of Emergency Management that was dismantled at the DSHS restructure.
3. DSHS: The current structure as it exists today.

#4: PROS/CONS: This is where we wrapped up our discussion and developed the game plan for our next meeting.

THIS IS FOR ALL TASK FORCE MEMBERS:

NEXT MEETING: February 1, 2007 AT 1030-1430 AT THE Learning Resource Center in Austin.

BRING WITH YOU: We are asking all task force members to develop their own Pros and Cons of each of these structures or even some hybrids (see below). At our February meeting, we will be putting all the Pros and Cons of each structure up on boards across the room. This will be the starting point for formulating our responses to Charge 2 and 3 (P/C of the current and any proposed new structures).

F.E. and I cannot stress the importance of bringing these with you and being prepared to discuss these. We will want everyone prepared to present theirs and defend them as we narrow this process down.

We decided, based upon the 3 formats of regulation discussed by survey respondents to look at five (5) formats maximum:

1. Current DSHS Structure (what we have today):
2. Modified DSHS Structure (tweaking what we have today):
3. Bureau: Unified structure under some other structure (the old BEM):
4. Modified Bureau Format: The old BEM type model with modifications

## 5. Commission: An independent structure

The meeting was wrapped up at 1400.